



SUNSET RIDGE SCHOOL DISTRICT 29

525 Sunset Ridge Road • Northfield, Illinois 60093

PH: 847.881.9400 • FX: 847.446.6388 • www.sunsetridge29.org

Cultivating an inclusive learning community that engages the hearts and minds one child at a time.

District 29 Medication Authorization

HEALTH SERVICES

Sunset Ridge School: 847-881-9455 FAX 847-446-6388 (balicci@srd29.org)

Middlefork School: 847-881-9455 FAX 847-446-6388 (kinga@srd29.org)

Student Name: _____	DOB: _____	Grade: _____
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Medication Allergies: _____

NON-PRESCRIPTION MEDICATIONS

Health Services keeps the following medications in stock: Acetaminophen (Tylenol), Diphenhydramine (Benadryl), and Ibuprofen (Advil). All other non-prescription medications must be brought to the Health Services Office by a parent/guardian in a manufacturer-labeled container. Administration of any non-prescription medication requires signatures from the medical provider and parent. These medications will not be administered without these two signatures. *These authorizations are valid for one school year.

Please authorize medication administration by checking the appropriate boxes or filling in *other medication*:

- Acetaminophen (Tylenol) Dosage: _____ Frequency: _____
- Diphenhydramine (Benadryl) Dosage: _____ Frequency: _____
- Ibuprofen (Advil) Dosage: _____ Frequency: _____
- Other Non-Prescription Medication: _____ Dosage: _____ Frequency: _____

PRESCRIPTION MEDICATIONS

Medications for Asthma, Allergies, and Diabetes:

With physician and parent authorization, a student may carry a labeled inhaler, Auvi-Q/EpiPen (epinephrine injection), Benadryl, or Insulin and related diabetic supplies. Please review item #4 on the reverse side regarding self-administration. Note: District 29 recommends that all emergency medications are stored in the Health Services Office in case of emergency. *All orders are valid for one school year.

Physician Orders:

- Inhaler: _____ Student Can Self Carry
- Epinephrine Injection: _____ Student Can Self Carry
- Diphenhydramine (Benadryl): _____ Student Can Self Carry
- Insulin and Diabetic Supplies: _____ Student Can Self Carry

Other Prescription Medications:

All medications must be brought to the Health Services Office by a parent/guardian in a prescription-labeled container. The prescription label must match the order written by the physician on this form. *All orders are valid for one school year.

- Medication: _____ Dosage: _____ Frequency: _____ Duration: _____
- Medication: _____ Dosage: _____ Frequency: _____ Duration: _____
- Medication: _____ Dosage: _____ Frequency: _____ Duration: _____

Other Medications not taken at school that may impact learning: _____

All medications listed above (prescription and non-prescription) require both physician and parent/guardian signatures.

Medical Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Physician Office Stamp

Please see reverse side for Administration of Medication Procedure/Guidelines

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District 29 Sunset Ridge and Middlefork School

ADMINISTRATION OF MEDICATION TO STUDENTS

POLICY:

Parents/guardians have the primary responsibility for the administration of medication to their children. The administration of medication to students during regular school hours and during school related activities is discouraged unless necessary for the critical health and well being of the student. The administration of medication to students is subject to guidelines established by the Superintendent or designee, in keeping with state agency recommendations (e.g., Illinois Department of Professional Regulation, Illinois Department of Public Health, and Illinois State Board of Education). Reference: Board Policy 7.61

PROCEDURES/GUIDELINES:

- I. **Medication Authorization Form** - School personnel shall not administer to any student, nor shall any student possess or consume *any prescription or non-prescription medication* except after filing complete medication authorization information. The school nurse reviews the written authorization and consults with the parent/guardian, licensed prescriber or pharmacist for additional information as necessary. Authorization and any subsequent changes includes:
 - A. Physician, advanced practice registered nurse, physician's assistant, dentist, or podiatrist-licensed prescriber's written prescription
 - B. Student's name, medication name, dosage and date of order
 - C. Administration instructions (route, time or intervals, duration of prescription)
 - D. Reason/intended effects and possible side effects
 - E. Parent/guardian written permission.
- II. **Appropriate Containers** - Medication and refills are to be provided in containers, which are:
 - A. Prescription labeled by a pharmacy or licensed prescriber displaying Rx number, student name, medication, dosage, and directions for administration, date and refill schedule and pharmacist name.
 - B. Manufacturer labeled, **unopened**, non-prescription over-the-counter medication.
- III. **Administration of Medication** will be by a Certified School Nurse, Registered Nurse, or school administrator. Other school personnel may also volunteer to assist in medication administration and may be educated by the nurse. If no volunteer is available, the parent/guardian must make arrangements for administration. The school nurse or administration retains the discretion to deny requests for administration of medication.
- IV. **Self-Administration** - A student may self-administer medication at school and activities if so ordered by their medical provider. Daily documentation will be provided as below (#6) for such health office supervised self-administration. For "as needed" medications such as those taken by students with asthma or allergies, the physician may also order that the student carry the medication themselves for their own discretionary use according to medical instructions. However no daily documentation will be possible in this case. Students may carry prescription labeled inhalers with written permission only. Self-administration privileges may be withdrawn if a student exhibits behavior indicating lack of responsibility toward self or others with regards to medication. Parent signature on this form acknowledges that "the school district is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil." (Reference IL PA92-0402).
- V. **Stock Medications** - Acetaminophen, Ibuprofen and generic Benadryl are kept in stock at school as a courtesy to students, however a completed Medication Authorization Form must be provided for their use.
- VI. **Storage and Record Keeping** - Medication will be stored in a locked cabinet. Medication requiring refrigeration will be stored in a secure area. Each dose will be recorded in the student's individual health record. In the event a dose is not administered, the reason shall be entered in the record. Parents may be notified if indicated and it shall be entered in the record. To assist in safe monitoring of side effects and/or intended effects of the treatment with medication, faculty and staff may be informed regarding the medication plan. For long-term medication, written feedback may be provided at appropriate intervals or as requested by the licensed prescriber and/or parent/guardian.
- VII. **Documentation, Changes, Renewals, and Other Responsibilities** - To facilitate required documentation, medical orders, changes in medical orders, and parent permissions may be faxed to Health Services. It is the responsibility of the parent/guardian to be sure that all medication orders and permissions are brought to school, refills provided when needed, and to inform the nurse of any significant changes in the student's health. Medication remaining at the end of the school year must be released to a parent/guardian or it will be discarded.
Every prescription and over-the-counter medication order must be renewed each school year.